

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032790

318

1003

8185

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED AUG 31 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN St. Louis, Missouri

Length of stay in 1b

64 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION 2520 Montgomery

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR  
TOWN St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2520 Montgomery

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Walter

Middle

Henry

Last

Pfuhl

4. DATE

OF DEATH

Month

August

Day

21,

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2/25/1891

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shoe Repairing

## 10b. KIND OF BUSINESS OR INDUSTRY

Shoe Repairing

## 11. BIRTHPLACE (City and state or country)

Boonville, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Richard Pfuhl

## 13b. MOTHER'S MAIDEN NAME

Caroline (Unknown)

## 14. NAME OF HUSBAND OR WIFE

Della L. Pfuhl

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes World War I

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Della L. Pfuhl 2520 Montgomery

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cardiac Decompensation

## INTERVAL BETWEEN ONSET AND DEATH

years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Arteriosclerotic Heart Disease

years

## DUE TO (c)

Arteriosclerosis, general 420.0

years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchitis, chronic with pulmonary fibrosis and emphysema

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☒

## 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-21-59 to 8-21-62 and last saw him alive on 8-14-62

Death occurred at 5:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Robert J. Cook, M.D.

## 22b. ADDRESS

415 Pine St. St. Louis (2) 9mo.

## 22c. DATE SIGNED

8-22-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

Aug. 24, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County, Missouri

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Beiderwieden F.H.Inc., 1936 St. Louis Ave.

## 25. DATE RECD. BY LOCAL REG.

AUG 22 1962

## 26. REGISTRAR'S SIGNATURE

Rosal Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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90

Dr. Ralph Cook  
415 Pine St.  
7th Fl. 1 PM WED.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Horner W. Jutz*

Licensed Embalmer No.

*3882*

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.